U S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only  OCI. Exp.  Read THE INSTRUCTIONS CARES  READ THE INSTRUCTIONS CARES	FULLY BEFORE PREPARING THIS REPORT			
1 File Number U - 023-765	2. Fiscal Year Covered From			
280	01 / 01 / 2004 Through 12 / 31 / 2004			
3 Name and address of person filing	4 Name, file number, and address of labor organization			
Name Craig A Boag	Name Local Union #191, ICB.E.W.			
	Labor Organization File Number 023-765			
P O Box, Bldg , Room No , if any	P O Box, Building and Room Number, if any			
Street 9316 10th Ave. SE	Street 2701 Hoyt Avenue			
City Everett	City Everett			
State Washington ZIP Code + 4 98208-2	2807 State Washington ZIP Code +4 98201			
5 Position in labor organization				
	spouse or minor child directly or indirectly had any of the following interests xclusions set forth in the instructions):			
A Held en interest in, engaged in transactions (including loans) with, monetary value from an employer whose employees your organize	or derived income or other economic benefit of zation represents or is actively seeking to represent			
6 Name and address of Employer (including trade name, if any)	7 a Nature of Interest, Transaction, or Income			
Name	7			

## Signature

ZIP Code + 4

7 b Amount

15. Signature and verification The undersigned declares, under penalty of F submitted in this report (including the information contained in any accompany undersigned's knowledge and belief true, correct, and complete (See the sec	ng docum	nents), has been exar	nined by the signatory and is, to the best of the
Signed Jain Jana	On	8/12/05	425-347-7026
		Date	Telephone Number

Trade Name, if any

Street

City

State

PO Box, Bldg , Room No , if any

Name of Person Filing Craig A. Bodg	File Number U- 023-765		
B Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actr (2) any part of which consists of buying from or selling or leasing directly or incleasing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise		
8 Name and address of Business (including trade name, if any)  Name Benefit Solutions, Inc.  Trade Name, if any  P O Box, Bidg, Room No, if any  Street 3400 188th St. S.W., Suite 601  City Lynnwood  State Washingtonn ZIP Code + 4 98037	9 Business deals with  a Labor Organization  X b Trust  c Employer		
10 If 9 b or 9 c. is checked give trust or employer's name	11.a Nature of such dealing.		
Name Benefit Solutions, Inc.  Trade Name, if any  PO Box, Bldg, Room No, if any	Airfare: IBEW-NECA Conference (H & W)		
Street	11 b Approximate dollar value of such dealing \$518.23		
City	12.a Nature of interest held or income received		
State ZiP Code + 4			
	12 b Amount		
	1		
C Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money			
13 a Name and address of Employer or Labor Relations Consultant	14 a Nature of payment		
(including trade name, if any)			
Name			
Trade Name, if any			
PO Box, Bldg , Room No , if any			
Street			
City	,		
State ZIP Code + 4			
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment —		